

Kentucky Retirement Systems  
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**FORM 6030**

April 2002

Retired Member's  
Soc. Sec. No.:

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## DEATH BENEFIT DESIGNATION

The member may name only one person, estate or a trust as beneficiary. The member must be receiving a monthly benefit on the date of death based on at least 48 months of service to be eligible.

To name one person or your estate, complete the following section.

Name of Beneficiary: (One Person or "Estate")	_____
Relationship to Member:	_____
Beneficiary's Social Security No:	_____
Beneficiary's Date of Birth:	_____
Beneficiary's Address:	_____ _____

To name a trust, complete this section.

Name of Trust:	_____
Name of Trustee:	_____
Trust Identification No. Or Tax Identification No.:	_____
Address:	_____ _____

Member's Signature: \_\_\_\_\_

Member's Social Security No.: \_\_\_\_\_

Spouse Signature (if married): \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_